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ABSTRACT

The case studies described in this book provide examples of initiatives illustrating the role of adult education in development and its contribution to the process of change in developing countries. The book is organized in five sections. Case studies in Part 1, "Health Education," illustrate the links between primary health care and adult education: use of traditional knowledge to develop confidence and initiate change (Peru); training without written texts (Nicaragua); working through peer-group methods and cascade teaching (Brazil, Ghana); use of drama and puppetry to mobilize debate and confront difficult issues (Malawi, India); and linking of school, home, and community education (India). Part 2, "Literacy," contains case studies that show ways in which literacy affects personal growth and contributes to social and economic change: an integrated social literacy program (Northern Bangladesh); role of post-literacy in irrigation (Senegal); popular education and literacy in a women's laundry workshop (Chile); literacy crash course with tribal women (India); and personal experiences (Zaire, Zimbabwe). Case studies in part 3 illustrate how rural development can be achieved: a coordinated education "intervention" system (Southeast Asia); a national initiative with hill tribes (Thailand); Association for the Orientation of Cooperatives (Brazil); drama workshops (Sierra Leone); nongovernmental development organizations (Bangladesh); and the Green Belt Movement (Kenya). Case studies in part 4, "The Role of Women in Development," show how women's education projects can have important development outcomes for communities in Kenya, Tanzania, and India. Part 5, "Concluding Observations," highlights factors that international agencies must take into account in development activities. Twenty-two references are listed. (YLB)

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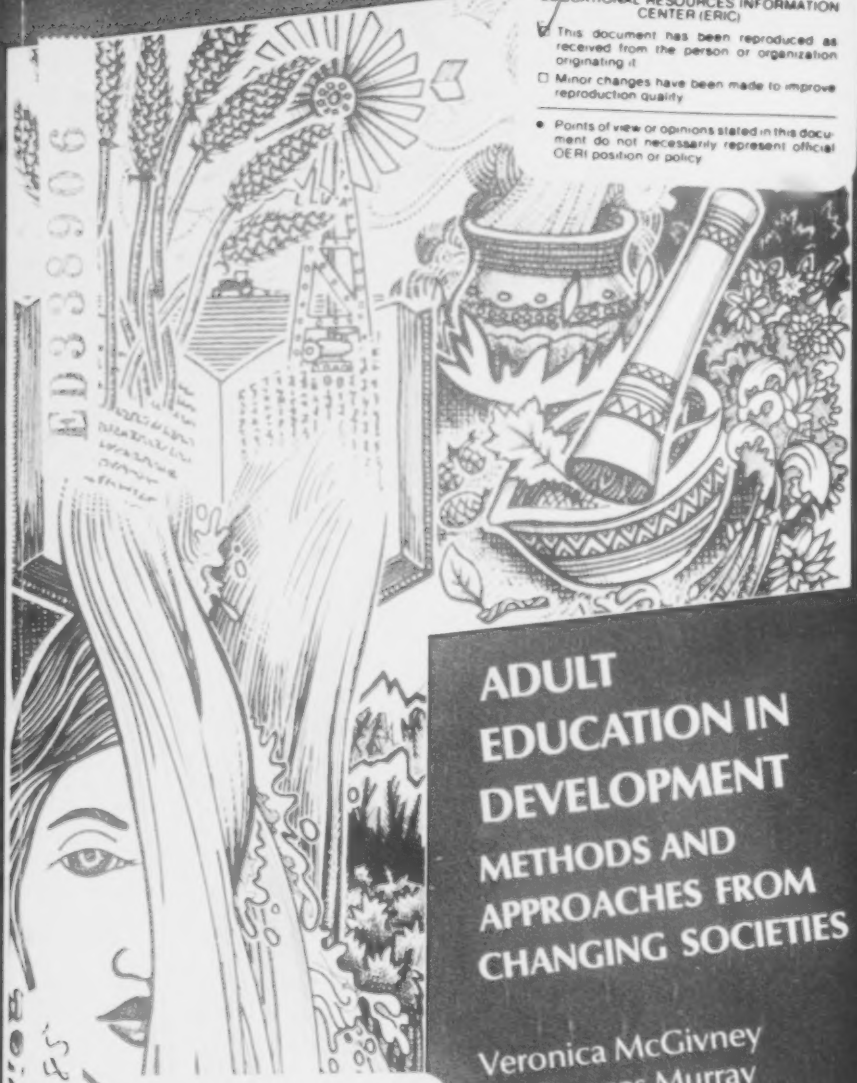

ADULT EDUCATION IN DEVELOPMENT

METHODS AND APPROACHES FROM CHANGING SOCIETIES

Veronica McGivney
and Frances Murray

NATIONAL INSTITUTE OF ADULT CONTINUING EDUCATION

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ADULT EDUCATION IN DEVELOPMENT

Methods and Approaches from Changing Societies

National Institute of Adult Continuing Education

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Preface

> *Improvements in health, education and nutrition reinforce each other.* (World Bank Report, 1990.)

This collection of case studies aims to provide examples of initiatives which illustrate the role of adult education in development and the important contribution it can make to the process of change in developing societies. Although the contents are structured according to themes – literacy, health, rural development and women in development – there is inevitably a strong overlap between sections. Moreover, while the initiatives vary widely in terms of location, scale and organisation, most share common aims: to improve the general living standards and economic prospects of deprived communities or groups in the developing world.

Some Definitions

Development

Since 1973, definitions of development have stressed the general improvement in the quality of life of individuals, families and communities through greater participation in decision-making, opportunities for productive employment and access to consumer goods and basic services such as good water supplies, medicine, education and communications. A recent definition is the following:

> *Human development is a process of enlarging people's choices. The most critical of these wide-ranging choices are to live a long and healthy life, to be educated and to have access to resources needed for a decent standard of living. Additional choices include political freedom, guaranteed human rights and personal self-respect.* (UNDP, 1990, Human Development Report, Oxford University Press.)

Adult Education

The definition agreed at the UNESCO General Conference, Nairobi 1976, is that adult education:

> *Denotes the entire body of organised educational processes whatever the content, level and method, whether formal or otherwise, whether they prolong or replace initial education in schools, colleges and universities as well as in apprenticeship, whereby persons regarded as adult by the society to which they belong develop their abilities, enrich their knowledge, improve their technical or professional qualifications and bring about changes in their attitudes or behaviour in the twofold perspective of full personal development and participation in balanced and independent social, economic and cultural development.*

Adult education, however, can take a variety of forms, and two important but potentially confusing sub-divisions are *informal education* and *non-formal education.*

Informal Education

This has been defined by the International Council for Educational Development (ICED) as:

> *A lifelong process by means of which the individual acquires attitudes, values, skills and knowledge through day-to-day experience, educative influences and the resources of his* (sic) *environment.*

Non-formal Education

ICED defines this as:

> *Any educational activity organised outside the established formal system whether functioning separately or as a significant component of a broader activity, and designed to serve identifiable clienteles and educational objectives.*

Many of the examples illustrated in the following sections could be categorised as non-formal education so described.

The Interdependence of Education and Development

There is a worldwide tendency to compartmentalise different areas of life, separating them for administrative convenience into departments or divisions, each with a categorical or sectoral interest such as health, education, housing or agriculture. As a result, departments and organisations tend to confine their activities within a narrowly-defined sphere, and they are not often prepared, either structurally or with resources, to assist initiatives which appear to go beyond their departmental brief. It is difficult, however, to separate adult education in developing societies from its social, economic, cultural and political context and the examples in this volume illustrate that non-formal learning in developing countries is not an isolated process but something which crosses all sectors and areas of life:

> *The adult educator may call him/herself an agricultural extension agent, a health worker, a community organiser, a literacy teacher or any of a number of titles.* (Roby Kidd, 1990.)

Since the early 1970s, international agencies have recognised that non-formal adult education fosters development and can be an important instrument for social change. Funding agencies have accordingly made adult education one of their priorities, and the expansion of adult education services in developing countries has become an important theme of international conferences. A consensus has emerged that adult education and development are inter-related and mutually dependent parts of the same process; and that to bring about meaningful social or economic change, education needs to be linked with other sectors and concerns in an integrated development strategy:

> *It is not enough to provide information for people to discuss and merely educate them in an abstract way. The education which they develop should be such that it will help to bring about a direct*

> *change in the quality of their lives if possible.* (Institute of Development Studies, 1974.)
>
> *In the developing world (or changing societies as some prefer) adult education is very clearly linked with social and economic goals; promoting social and economic change. Therefore it has collective and communal rather than individual implications usually linked with income generation and other priorities – food and fuel supplies, basic political rights and literacy.* (Nyerere, 1976.)
>
> *The development process is in fact an educational process, or rather it should unfailingly be viewed as such. We cannot therefore conceive of development in the absence of education any more than education in the absence of development.* (Faundez, 1988.)

The interdependence of the two concepts is illustrated by the fact that although some of the initiatives summarised here started as responses to non-educational needs and concerns, they quickly led to identification of specific educational and training needs. Others were conceived from the beginning as adult education projects but with the wider aim to foster community or national development, with special emphasis on social and economic progress.

There are many examples of national and local initiatives and campaigns in which education has been used as a tool for development. In Tanzania, for example, adult education has figured prominently in government policy since 1969, when an organisational infrastructure for adult education was established at village as well as national level, with the aim of raising educational standards among the population and linking education with national development policies.

A local example is provided by Peru where, during the 1960s, a group of teachers in a poor district, Villa El Salvador outside Lima, concluded that education was the most effective agent for development and decided that they would start a participative community educational system by opening up schools to the whole community. Within 17 years, the community had built 34 schools and 150 kindergartens. Self-reliance was the underlying principle of this movement, which resulted in the virtual elimina-

tion of illiteracy in the area (two per cent compared with the national level of 27 per cent) and over 56 per cent of residents graduating from high school (national level, eight per cent) (Wilson, 1989).

In these examples, stress has been placed on the role of education in encouraging citizens' participation in planning for development. Development programmes based on *outside* judgements about what communities need often fail, as they are not perceived by local people to be relevant to their most pressing concerns.

Many of the following case studies illustrate how crucial development goals to do with health, nutrition or economic progress can be achieved when people are encouraged to identify their own needs, concerns and priorities and translate them into learning objectives. When this happens, the benefits are not confined to individual participants; the learning projects have a widespread impact, and provide a model for neighbouring communities.

All the initiatives described show the extent to which suitable approaches and opportunities for greater participation encourage people to work to better their own situation and for the long-term improvement of their own society. Many of the case studies, especially those undertaken by non-governmental organisations (NGOs), also demonstrate how much can be achieved through mobilisation of the experience, knowledge and energies of communities. They indicate that education for self-reliance can achieve a more lasting impact than charity and dependence on outside agencies. For, while many of the projects described received some support from national governments or international aid agencies, their achievements have been largely due to the work of committed voluntary or low-paid workers and mobilised community effort. This suggests that pump-priming funding can sometimes be sufficient to start people on the road to greater self-reliance. Aid in the form of start-up finance, consultancy, support field workers or equipment to an energetic NGO dedicated to achieving community development through teaching can initiate a process that yields benefits out of all proportion to the modest input.

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1. HEALTH EDUCATION

Introduction
Peru
Nicaragua
Brazil and Ghana
Malawi
India

1.1 Introduction

> *If you go into a village and explain how to spray stagnant water you may be listened to with politeness. But your effort has been wasted and nothing will happen after you have left, unless the villagers first understand what the spraying will do and why it is important ... The health educator's specialised knowledge can be more effective – and can be spread among a larger number of villagers – if the people have already discussed and absorbed the reasons for anti-mosquito spraying, and developed a desire to learn how to do it for themselves.* (President Nyerere.)

Health education has for many years been a central part of Primary Health Care (PHC) but although it can be seen as a specialised division of adult education, it has tended to remain distant from developments in other branches of adult education. A worker with a major aid agency, contacted while we were collecting material for this publication, was surprised to think that a particular health project the agency ran had anything to do with adult education. This may reflect the compartmentalisation of education and also the way adult education and health education have tended to evolve separately. For example, much of the literature on health education published in the late seventies does not mention *adult* education as such, in spite of strongly shared basic philosophies.

The major changes in thinking which took place in health education in the seventies, culminating in the Alma-Ata conference on primary health care in 1978 by WHO and UNICEF, recognised the necessity for people and communities *themselves* to define and act on their own health needs. Additional key principles of PHC adopted at the conference to provide 'health for all by the year 2000' reflected the new thinking, notably that:

- health care evolves from political and economic conditions
- health cannot be isolated from development policies or agencies
- Western medical care is not the only effective type of health care
- medical professionals are not the only people capable of giving medical advice and treatment

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- modern technology may, in many cases, not provide the best care
- decentralised health plans can often respond better to local health problems.

Underlying these, the principle of starting from people's immediate needs and their capacity to understand and act upon their problems, implies that any PHC project has at its core:

- community-level education
- community participation
- development of problem-solving and self-reliance
- training of health workers
- education as the integrating factor between sectors.

These principles and ideas can also be found in the shifts of thinking in adult education in the seventies and eighties, where it became commonly recognised that adults:

- learn throughout life
- are the agents of their own education
- learn from experience and action as much as from reading or reflection
- carry with them a body of knowledge and wisdom with its own validity
- need quality, tailored learning materials and support.

Whilst adult education is now seen as central to development efforts, some of the most successful projects in health care have also recognised the need to break down the divisions and to approach the whole of PHC as an educational and learning process. Beyond this general integrating role, adult education has suggested a range of more effective alternatives to didactic teaching methods and also a range of ways in which the substance and learning materials of health projects can be made more appropriate to their audience.

The case studies which follow illustrate the links between primary health care and adult education. Common to all the examples is the principle that the process of improving health is something which necessarily involves a continuous process of learning by both users and promoters of a project. The studies also

point to the diversity of method and approach used in adult health education work:

- the use of drama and puppetry to mobilise debate and confront difficult issues (Malawi and India)
- working through peer-group methods (Brazil)
- cascade teaching (Ghana)
- training without written texts (Nicaragua)
- linking school, home and community education (India)
- using traditional knowledge to develop confidence and initiate change (Peru).

1.2 PERU
A Community Health Project in the Rain Forest

This project is one where the initiative for education came from those within the community and called on professional organisations for help in devising an educational and practical programme for developing traditional forms of medical treatment alongside modern medicine.

The organisation AMETRA 2001 started to work in the Peruvian jungle in 1982. It was initiated by the Shipibo-Conibo peoples from the River Vicayali area and was the idea of a local shaman, Guillermo Aravalo. The organisation worked through FENAMAD (The Federation of Native Communities) and was closely linked to the Regional Health Organisation, UDES.

AMETRA's chief aim is to get local as well as official acceptance of the need for traditional medicine. Although 80 per cent of the 120 Shipibo-Conibo villages have local *curanderos* (healers, herbalists, bone-setters, spirit mediums, midwives), there is widespread confidence from local people in Western medicine, as they have gradually shifted away from their own local medicinal practice in favour of modern pharmaceuticals.

AMETRA's educational work focuses on encouraging extensive use of safe, effective and less costly plant remedies from the 'natural pharmacy' – local forest resources – to treat common diseases. It tries to integrate their use with modern commercial drugs, whilst additionally promoting the correct use of both types of medicine.

The project runs courses for health workers and for locally-elected villagers. They look at traditional medical practices, holistic approaches, shaman culture, the economics and medicinal values of plant medicine. They analyse known species and look at the medicinal plant base of Western medicines: morphine, cocaine,

quinine, aspirin. They study common plants like 'Yellow Cotton' *(malvaceae)* whose leaves are used as a birth aid during dilation and whose buds are a treatment for skin problems caused by fungi. They learn to make up safe herbal preparations of tried and tested plants and discuss the advantages, disadvantages and the economics of different types of treatment, including the prevalent use of antibiotic injections to treat almost any complaint. They also promote anti-intestinal infestation campaigns. Peru has one of the highest infant mortality rates in the world caused by dehydration from parasite infection. In the courses, everyone is trained to make up a rehydrating medicine from the young leaves of the *guayaba* (cashew nut) and the sap of the *oje* tree, a medicine which effectively reduces diarrhoea and dehydration.

An important feature of the project's educational work is the encouragement given to each village to cultivate medicinal plant gardens so that remedies can be easily available. This is followed up by project workers, who make supervisory trips to the villages to support the practical work.

The immense danger of losing rain forest plants is well documented but the linking of this aspect to local community health education is not widely discussed. Rainforest destruction may mean that 155,000 plant species could be extinct by 2001. The screening of these plants for secondary compounds is far from complete. To discuss this with forest users is one of AMETRA's aims, so that knowledge of indigenous plants, accumulated over generations, does not die out before their health potential is rediscovered.

Though focused on health, this education project has had a broad impact on the targetted area: it encourages community self-help and knowledge of natural remedies; it promotes the retention of traditional culture; and it stimulates interest in protecting the environment.

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1.3 NICARAGUA
'The Birthing House' – Training Traditional Birth Attendants

Much health education has used text-based materials and methods for training which have required a high level of literacy among its participants. This study looks at the training of non-literate midwives using graphic methods (pictures, diagrams and simulations). Such a process has developed innovative childbirth care over the last six years which combines effective traditional and new practices.

You can't let fear overcome you. You have to go whoever calls. You have to have courage and consideration.
(Nicaraguan midwife, Esteli.)

National health policy for women and childcare in Nicaragua initially encouraged hospital births and failed to acknowledge the stress women put on home births assisted by a traditional birth attendant. Although the national programme reduced infant mortality in a relatively short time, the number of hospital births did not increase and many women were not using pre- and post-natal services. Seventy per cent of births took place in rural areas where the traditional midwives were seen as trusted leaders of the community who had local herbalist knowledge and skills learnt through experience and custom. Nevertheless, 200 out of every 1000 children died in their first year from preventable causes.

The Natural Childbirth Centre in Esteli, in the north of Nicaragua, was set up in 1985 by a Chilean nurse and three other health workers, under the control of the Ministry of Health. The Centre, which is funded by Christian Aid, has two principal aims: training hospital staff and traditional midwives in natural childbirth techniques; making childbirth a positive experience through education.

The Centre has created a totally new approach through education which combines the old and the new. The training of health staff starts from recognition and respect for the skills and experience of traditional midwives. These are usually older women, 80 per cent of them without literacy skills, who care for women in their childbearing years and advise them on sex and contraception. They also have a good knowledge of the general problems of the community.

The recruitment and training of such women requires sensitivity and skill, as the women need to be willing to participate in a one-week training course. The courses deal with anatomy, precautions during pregnancy, signs and symptoms of abnormal birth, delivery techniques, giving injections and so on. The courses start with the midwives' experience and because the women are supported in some of their beliefs and practices, they find it easier to abandon the harmful ones.

Texts are not used in training so as not to disadvantage those without literacy. Instead graphic methods are employed. For example, a representation of a pregnant or a normal uterus is painted on a cloth and worn like an apron; dolls in plastic bags with coloured strings to simulate arteries, veins and umbilical cord are used to demonstrate delivery. The record of loss of blood after delivery is shown by an X next to the most appropriate of four pictures.

On completion of training, a party is held in the community and the midwives are given a large aluminium box containing a delivery kit by their community representative. This symbolises that it is the community who has the right to control the use of the kit.

The Centre also runs daily classes for 200 pregnant women each week, teaching breathing, relaxation, physiology, post-natal advice and family planning. With funding from Austria, the women using this centre have written and designed an illustrated natural childbirth book, for use in outlying rural areas where the team travel to see 100 women a month.

The focus of the Esteli Centre is educational and rests largely on the belief that women must know exactly what is going on to be able to make choices and control the process of birth and

incorporate the wealth of safe traditional knowledge. The Centre has used adult education practice to train and learn from non-literate rural women and, in using local skills, has created a new standard of pre- and post-natal care.

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1.4 BRAZIL and GHANA Prostitution and Health Education

Two different projects in Latin America and Africa on AIDS prevention among sex workers illustrate the effective use of peer education with adults. In Brazil, women prostitutes formed themselves into a discussion circle and then looked for expert support. In Ghana, the work was initiated with prostitutes by an international agency as a pilot study of the efficacy of cascade teaching among an adult peer group.

AIDS education is a pressing concern for the nineties and highlights the extent to which adult education is integral to overall health policy. A special 18-country WHO meeting on sex workers held in Geneva in 1989 (attended for the first time by representatives of prostitutes' advocacy groups) recommended an immediate expansion of preventative work with prostitutes and clients, and that interventions 'should be designed in consultation with sex workers'.

The following examples of peer education on HIV and prostitution are instructive about the role of adult education in difficult and controversial development work. In the first, the principle of self-determining adult education work has been introduced in Vila Mimosa, a street in Rio de Janeiro where 2000 prostitutes work. This work started when a prostitute from Vila Mimosa saw a television programme on AIDS: 'I got worried. It said AIDS kills.' She contacted BENFAM, the Brazilian affiliate of the International Planned Parenthood Federation (IPPF) for information and, through meeting workers there who 'spoke my language and understood my work', she determined to take the subject to her prostitutes' association, the APRJ. This association was formed in 1988 and now has over 300 members. The president, a prostitute with 18 years' experience, describes how the association became the focus for them to learn about AIDS:

It was a panic reaction. Don't have sex without rubbers! Only then did we get into it further. To be able to pass over the information to our community, we said 'let's sit and talk and find someone who has the academic vocabulary to pass on more explicit information to us'.

The women held discussions weekly. They shared experiences, talked about men's rights, their own health and self image. They read BENFAM's education materials and watched videos and films.

With the condoms from BENFAM I get leaflets with information which is of great value to the community. Slowly we have understood the good sense ... but also learnt that the majority of men prefer it if we take precautions ... they also risk less. So now if people don't want it with condoms, I say I can't.

Membership of the association is relatively low but the women are teaching non-members and clients what they know. They have arranged for a local hospital to provide monthly examinations for prostitutes from Vila Mimosa. So far no one from the Association has been infected, in a country which is fourth in world terms for a high incidence of AIDS.

A project which also employs peer education methods was run in Ghana in 1987. This was one of a series of pilot projects to study peer education financed by Family Health International (FHI). The approach was to identify, recruit and train leaders within the prostitute community and then use their skills to cascade teach to their co-sex workers.

The project organised discussions with women prostitutes in three sites which the women used as informal talking places. Most of the women had heard of AIDS but did not know how it was transmitted. The discussions led to the identification of six women with skills to motivate others. After training, the six talked to 72 others and supplied them with condoms. As word spread about the purpose of condoms, another 144 women wanted to join and a supplementary programme was started. Among the sample, the use of condoms rose sharply from 13 per cent to 89 per cent, and

by the end of the pilot nine out of ten women understood that they could catch AIDS from a man who appeared to be healthy.

Both of these projects exemplify the immediate efficacy of peer education with adults, whether as part of informal education, as in Brazil, where the initiating factor comes from within a self-defined group who then move out to seek support and information, or formally, as in Ghana, where the model was imposed as a research tool using cascade methods.

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1.5 MALAWI
The 'Theatre for Development' and Health Education

The use of drama in adult education has been a successful practice, notably in Latin America and Africa, drawing as it does on local cultural forms to communicate ideas and generate motivation. This example from Malawi describes the work of a drama team, working alongside a public health team, to analyse and promote collective responsibility for village health.

A 'Theatre for Development' team in two villages in Southern Malawi (with a combined population of 20,000) used adult education, through drama, to motivate local people to participate in working on their health problems. The effectiveness of this project is highlighted by what happened in other villages where the health team worked without the theatre group.

The primary health care (PHC) strategy for this area of Malawi took a new path in the seventies and eighties by asking 'how is it possible that we have survived so far?' Traditional practices and ways in which knowledge was passed down the generations became topics of discussion by health workers. In this project, a three-person PHC Unit was set up in 1985 by the Government Agricultural Development Division with part funding from German Technical Aid. The unit worked as a support structure for the village community and the Theatre for Development – a drama team from Chancellor College in nearby Zomba. The project combined conventional health education and technical assistance to the villages with a simultaneous use of educational theatre. The use of theatre for education is not unfamiliar to Malawi, where rural women traditionally use drama in sex and motherhood initiation for girls at puberty.

The theatre team went to the village aware that they knew

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nothing about PHC and nothing about local health issues. They made it clear, too, that they brought nothing to the village. By spending time talking, discussing and observing, they gathered information and awareness about the local health situation. They found that there was no leadership on health and no information, no protected water wells, and no hospital clinic within 20 kilometres. The people suffered from diarrhoea, cholera, anaemia, scabies, measles ... in short, a whole catalogue of sub-standard health and general living problems.

The drama team stayed in the village for a month, learning and improvising themes. They presented two sketches in the village and a third to larger audiences in the area market. These were a mix of drama and open discussion.

In the first, a mother complains to the chief and elders that she has lost her son in a drowning accident. It is decided that the village should dig a well rather than take water from the dangerous and infected river. But where is the well to be put? The chief says it should be near his house. The elders object and suggest other sites which are equally objectionable. The chief (in the play) opens up the debate to other villagers (the audience) and the play becomes a real discussion. Eventually they chose somewhere in the middle. This is, in fact, where the village well is located in reality. The discussion moves to how the well will be protected once it is dug. What should people not do near to it? (i.e. wash nappies and clothes). The women in the audience make a large contribution. They know more about water than the men.

At this point, the theatre group suggest that the play is repeated, acted by the audience themselves, using the ideas and arguments that came up in the first effort. At the end, the audience (village, health team and drama team) sum up all the issues and talk about how it went.

The next sketch was based on complaints about the way villagers felt they were treated by hospital and health personnel. The theme was to find alternatives to hospital for simple ailments. This led to a discussion about selecting, from among themselves, people who might take care of their immediate health needs.

In the third performance, the sketches were performed again in the market-place to a large audience, with improvisations and

inclusion of other village issues. By the end of a month, a number of health issues had been aired and discussed as a daily village agenda. Village health committees (between 10 and 12 committees for each village) were elected by a show of hands in the whole community. Their job is to report on infectious diseases and organise people for health education and specific health campaigns. In each village, a member is elected to receive a week's health training at the regional Red Cross Centre. These are known locally as 'community doctors'.

The levels of response and the improvements made in the village have been a powerful argument for the methods used: cases of cholera reduced dramatically and there has been a significant fall in the number of infant deaths from diarrhoea. Forty protected shallow wells were built. The theatre team still return to the villages, and neighbouring villages have requested a PHC project with popular theatre. Interestingly, in villages on Lake Chisi, where the same PHC team worked without the theatre group, motivation for improving health practice remained low.

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1.6 INDIA
Puppetry and Alcoholism Among Tribal People, Rajasthan

This Indian case study shows how puppets have helped in the reduction of alcoholism in remote rural areas. The use of puppetry to animate discussion has had striking results in such different contexts as Ghana, Mexico and Thailand. Puppets have been an effective educational medium for the public health care movement because their use builds on oral culture and skills and encourages community participation and self-reliance. They cost little to make and have an immediacy while at the same time allowing the expression of difficult, embarrassing or conflicting views.

Alcoholism is a serious and longstanding problem in some of the poor and isolated areas of Rajasthan. Many tribals in this area are animist, so there is no religious condemnation of alcohol as in Muslim and Hindu areas. A local sweet wine made from small fruits is clandestinely distilled into a spirit and sold relatively cheaply in the villages.

Astha, an NGO, has made extensive use of puppetry as an educational strategy to stimulate discussion. Their method of work is to raise issues through discussion with village people, asking them what they feel can or should be done. The issue of alcohol is frequently raised by women. It is mostly the men who drink, which not only takes up available money, but also brings greater problems: aggression, fighting, tribal feuds and resulting loss of life.

In Rajasthan, puppets have roots in a storytelling and ballad culture. It was common to build head and figure images to be carried high on sticks during feasts and weddings. A government Puppetry Institute in Udaipur has contributed to collecting tribal

folklore and to training tribal men in the rudiments of glove puppetry.

In a recent puppet workshop run by Astha, 20 tribal men with no schooling learned to build large rod and glove puppets and to evolve work around alcoholism in their villages. A play was developed around a man, his wife and baby. The man drinks heavily and neglects the yelling baby while the mother is out, eventually injuring it when in a violent and drunken state. The play ends with the father looking at the silenced baby, realising the consequences of his actions. Whether he had killed it is left unstated. The play is followed up with the puppeteers coming to the front of the screen and talking with the audience (it is not uncommon to have audiences of 400 or more) about who is responsible for the injured child. Was it the mother? How could she have acted? Was it the father? Was it the man who sold the spirits?

Through discussion, village communities decided to deal with the issues in different ways. In one village the women resolved to act. They decided that individual women should try to stop their husbands from drinking and that they would smash any bottles they came across. This created a lot of anger in the villages but they were adamant as a group and did in fact generate some male support. In another village, analysing the problem led to a whole community decision to stop drinking. Anyone found drinking would be fined a sum which would go towards a village fund for seeds and fertiliser.

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1.7 INDIA
The Malvani Child-to-Child Project, Bombay

This project is just one example of the innovative health education work of the Child-to-Child movement. In this project, children are trained to diagnose and refer common illness within the home and community. The inclusion of work which is primarily with children and not adults illustrates the fact that in some societies 'children' have to assume a high level of responsibility early on and are therefore often part of the non-formal education constituency.

The project in Malvani is also interesting for the transferability of its ideas to health education with adults. The peer group methods used are equally applicable to adults, as is the notion of 'lifelong education', a concept that stresses the importance of seeing education as a continuum linking school, home and community.

Education can be more than just preparation for life in the future; it can also be participation in present life.

This is the implicit message of an innovative project in Malvani, a suburb of Bombay housing 100,000 people. The project, which started in 1978, runs from a Health Centre in the area, responsible to a Bombay hospital and medical school. The initial purpose was to develop an effective health education programme for the community to reduce the need for curative medicine. The idea of working with children occurred by chance when doctors were running a scheme to provide 4000 children with one daily nutritious meal. They found children to be immensely effective motivators.

A team of seven trained health workers and doctors started

work in local vernacular and English-speaking schools with 175 10–12-year-old children. They ran two-hour health education classes around a series of defined projects: anaemia, vitamin B complex deficiency, malaria. During the first year they trained as many as 617 child volunteer health workers. Classes, which are now twice weekly, are held after school (in India children attend school for half the day), and continue at the Health Centre with plays, dance, song and charades on health themes. This method might use a street drama about immunisation followed by canvassing all the houses, or miming the symptoms of a disease to a group who have to guess the disease and prescribe a cure.

The educational methods in this project involve children centrally in their learning and are in sharp contrast to other parts of their schooling. They learn the essential facts of a health topic through activity-based approaches, perhaps self-examination or peer group surveys, and then extend this into the community, using interview sheets with their own and five other families in the immediate neighbourhood. The children keep meticulous records, which are subjected to rigorous monitoring by the team.

The conflict with the traditional school curriculum is a problem. However, the inclusion of child-centred learning approaches in the primary science syllabus is being considered nationally in India as a result of this work, as is the training of adults, especially teachers in health education, since some justly feel disadvantaged when faced by the level of practical health skills in their pupils.

The kind of tasks the children are trained to perform are described by Neeta, a 10-year-old.

> *We visit our families once a week. We take scales to monitor the growth of the babies and seeds and pulses with high nutritional value. We also take the salt and sugar solution for ORS (oral rehydration solution) to give to children suffering from diarrhoea, then we check for anaemia, malnutrition and scabies.*

The project reports some astonishing results of the work. Scabies cases dropped from 477 to 21 in the first six months after the children had learnt to diagnose the disease. Vaccination take-up has risen from 20 per cent to 90 per cent.

The Child-to-Child movement has grown rapidly in the 12

years since it was initiated through the Institute of Education in London. Currently there are around 200 projects in 39 countries. But they all differ: in Zambia the idea has been taken up by the government at national level. In Nepal the work is with non-school-going children.

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2. LITERACY

Introduction
Northern Bangladesh
Senegal
Chile
India
Zaire and Zimbabwe

2.1 Introduction

What kind of people are we?
We are poor
but we are not stupid.
That is why despite our illiteracy, we still exist
but we have to know
why we should become literate.

Can literacy help us
live a little better? Starve a little less?
Would it guarantee that the mother and the daughter
wouldn't have the same sari between them?
Would it fetch us a newly thatched roof over our heads?

These questions were originally written in Bengali by a group of Indian literacy learners. Their central question 'can literacy help us live better?' will have been asked by anyone who has undertaken a literacy programme. The answers by international literacy planners have changed over the last 40 years. In the 1960s it was commonly assumed that literacy was essential to progress and indeed that a 40 per cent literacy rate was necessary to ensure a threshold for economic development. The definition of **literacy** used by UNESCO was (and still is) a person's ability to read and write a short simple statement on their everyday life. This technical view of literacy underpinned world literacy programmes in the sixties and seventies and incorporated the notion of **functional literacy**, commonly thought of as literacy which provides sufficient skills to contribute to the work economy.

Freire and Literacy

In the seventies, a period of mass literacy campaigns, such a functional view of literacy came to be questioned. At the same time, the experience of literacy work, notably that of Paulo Freire in Brazil and Chile in the sixties, posed questions about the functional model. Freire based his work on the democratisation between learner and teacher – 'as we educate the people (we) are

educated by them' – and on an emphasis on the **process** of learning to read and write as a means of developing critical awareness of social and economic life. It became more generally recognised that literacy by itself does not lead to social improvement, and that a wider definition of **social literacy** was needed. The Declaration of Persepolis in 1975 reflected this view when it defined literacy as a 'contribution to the liberation of man [sic] and his [sic] full development'. The Declaration stated that literacy should make people capable 'of acting upon the world, of transforming it'. The Bengali literacy class writing in the late-seventies put some of these ideas this way:

Please do understand
that the teacher may know things which we don't.
But we know a lot of things which are beyond him.
We are not empty pitchers.
We have a mind of our own.
We can reason out things
and, believe it or not,
we can also have dignity.
Let those who will teach us remember this ...

Will this programme teach us
how to think and work together?
Will 'doing' be made a part of 'learning'?
If all this is done,
all of us will join the literacy classes,
it will then be learning to live a better life.

Literacy: A Human Right

By the 1980s the broader definition of literacy as being central to human development itself had become generally accepted. Attention shifted to the continued failure of many literacy programmes and to the mounting levels of illiteracy. Emphasis was put on people's right to literacy and on the priority of universal literacy as a component of development itself. The Declaration of Paris (1985) talked about the 'right to learn; the right to read and write;

the right to question and analyse; the right to imagine and create; the right to read one's world and to write history'. By the start of International Literacy Year (ILY) in 1990 such pressures had been summarised in the call for 'literacy for all by the year 2000'.

The Variety of Literacies

In the academic world there has also been a recognition of the limitations of a technical approach to literacy. There has been a new interest in literacy across many academic fields. Literacy is no longer thought of as a simple technical skill but rather as a set of skills through which a learner might progress and gain skillfulness. It has been shown how **different literacies** exist side by side. There is an interesting example from British medieval history in which being 'literate' varied from one context to another: in legal matters reading a passage aloud in Latin was to be *literatus* while reading and writing Anglo-Saxon was to be *illiteratus*. Similarly in the Seychelles, where three literacies coexist, Creole, English and French, the success of the literacy campaign in Creole obscures the fact that the language of government is the language of Europe, inevitably confining access to the state.

There may be different 'literacies' of language but recent work also suggests that such literacies go beyond print literacy, for example visual literacy or aural literacy (as in the use of video for popular education in Latin America or radio schools and study groups in Africa). Similarly, a new emphasis is given to oracy, seeing literacy and oracy as having an equal part to play in the ability to reason and make abstract judgements.

Approaches to Literacy

Currently 900 million people in the world, or a quarter of those over 15, are unable to read and write, two-thirds of them women. While literacy is not the cause of development or an end in itself, it is an important factor in its capacity to reduce levels of inequality,

to effect personal growth and contribute to social and economic change.

The case studies in this section show the ways in which literacy has contributed to:

- the development of organisational, leadership and negotiating skills
- the capacity for initiating employment, credit schemes, use of banks
- access to knowledge, rights, health and safety.

They also illustrate the different techniques and approaches to literacy work and the ways in which they have been used creatively. The examples underline some of the key points of effective literacy practice:

- ensuring the centrality of learners in the literacy process
- building on grassroots initiatives and allowing a long lead-in period for projects to grow
- providing flexibility of provision in partnership with users
- careful choice of an animator who carries local respect
- providing an organisational commitment which includes understanding the length of time needed to reach retainable literacy levels
- developing *local* learning materials as part of the programme, including rural newspapers and local writing
- working in first languages as well as in the language of government
- working in single and mixed gender groups
- using a variety of teaching forms (e.g. storytelling, dialogue, debate, tape-recording).

2.2 NORTHERN BANGLADESH An Integrated Social Literacy Programme

This study is an example of how literacy can be incorporated within a large integrated development programme. A particular feature of the NGO in question is its form of organisation and the policy of providing no free inputs. It has a more structured organisation than many smaller projects. It also has more standardised procedures for literacy teaching, tutor incentives, monitoring and for setting the length of time people are attached to the scheme. At the same time it has the flexibility to link literacy to the felt needs of those involved in the project and to other parts of the overall development programme.

The Rangpur Dinajpur Rural Service (RDRS) Social Literacy programme in northern Bangladesh works in a region of six million people with a group of 100,000 landless farming families who own an acre or less of land.

The RDRS is one of Bangladesh's largest integrated rural development NGOs. It has 1800 staff and now only six international workers. The organisation first came to Bangladesh in 1971 to do refugee relief work, later moving to rehabilitation, then, through sectoral development, to an integrated project in the late eighties.

The method is to work with groups of only 15 people. One field organiser will work with 225 households organised into 15 groups, 46 per cent of them female, the rest male. The organisation offers no free materials, no relief and very little use of credit (save in an emergency and then limited to three weeks). Instead, groups are offered education, ideas, organisation, advice and motivation in five areas: social literacy and organisation, agriculture, health, employment generation and women's development. Groups spend a maximum of five years together to reach a sustainable

level of self-reliance. After this they leave and new people are brought into the project (about 20,000 each year). When a group is first formed it meets regularly over many months, discussing personal and social issues. Next, a collective savings scheme is started and at this point members may suggest starting to learn to read and write.

Currently, 9000 people are involved in literacy for one-and-a-half hours a day on an eight-month course. The social literacy work has two aims: awareness-building and functional skills. The emphasis that project staff give to one or other of these varies and is a focus of debate, as is where to target resources. Some will argue for more resources to go to education work with marriageable girls of 8–13-years-old as against a 45-year-old male peasant in a literacy class. The organisation, in spite of its size, is flexible enough to accommodate such debate.

The literacy course uses three textbooks developed by the project workers, originally based on the work of BRAC (another large Bangladeshi NGO), together with a detailed teachers' guide. Each book covers 56 lessons structured around picture, word, sign, concept and number, and has skills acquisition as part of self- and group-awareness. The literacy courses are seen as 'tasters' for the whole five-year programme. It is agenda-setting literacy. Issues are raised during the sessions – for example 'money lenders', or 'safe water' – and people come back to these in later courses on agriculture or health, when intensive work on, say, water, food preparation and eyesight will require concepts and skills first encountered during the literacy course.

The tutors work with separate men's and women's groups. They come from the community and usually have eight years of schooling. They have a three-week training course and, later, three one-week refresher courses. Tutor payment is relatively good and there is a sliding bonus scheme for successful rates in the external evaluation of the groups. If 80 per cent pass, tutors receive double pay. The view taken by the project organisers is that this, together with new learning materials, has sharply improved the quality of the literacy work.

Particular stress is put on evaluation and monitoring. The work of the groups and field workers has been systematised in a

monitoring book. This is a large, bound volume, one for each field worker. It has 47 items of information on such things as size of holding, family size, access to well water; the number of projects on, for example, goats or cattle; degree of immunisation; literacy level. These are aggregated at each of the managerial levels and computerised at the centre. The results are a two-monthly reading of the progress of the project. The readings are discussed in the groups themselves, as well as being a means of measuring progress and a system of management control. For example, this year there was an average of 11.02 per cent literacy in the 5300 groups (74,000 people). Some groups showed lower or higher figures in literacy and all levels of the organisation would discuss why. Within the literacy class itself, at least 80 per cent of the group have to pass the evaluation stages before the group as a whole moves on.

The project organisers have described the painful process of moving away from the relief-focused dependency patterns of previous development work. They do not believe in creating myths and the 9000 literacy learners are not all there because they want to be. Some instrumental relationships are built in by default, for example the security of knowing that when disaster strikes (the floods of 1987, 1988 and 1991) there is an organisational structure to which you belong. However, the organisation is distinct in being an agency which attracts people to it not by the offer of relief, but by the promise of education in its widest sense.

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2.3 SENEGAL
The Role of Post-Literacy in Irrigation

This example illustrates the role of literacy in giving non-literate rice farmers access to new information and a context in which to understand the changing economics of irrigation. Literacy is seen also to help redress the balance of power through language. The study highlightse some of the features which have been characteristics of post-literacy work in Africa and Asia: the establishing of rural newspapers in first languages, village libraries, collecting local reading materials and promoting the translation of materials into first and second languages.

Project Ile à Morphil is a Dutch-aided Senegalese government project which began in 1979. As a result of the construction of dams in Mali and Senegal, the government were building small-scale irrigation schemes to deal with the encroaching desert and altered rain patterns. For local farmers there was a total change, over time, from traditional, family-centred rice farming, dependent on climate, to working in larger groups and co-operatives.

In the mid-eighties, however, the government began to withdraw its development work from the river valley in favour of encouraging local responsibility. The move towards 'responsibilisation' was a growing trend in Africa, led by the debate on why rural projects were failing. The work done in this project, and earlier on Senegal peanut co-operatives, made it clear that the crucial factor in failure was educational: the need to help farmers deal with administrative/management tasks and develop personal and collective responsibility.

With the withdrawal of government credit in Ile à Morphil, farmers' co-operatives were left to take over management of their own village schemes. This brought mixed reactions in the villages.

To take responsibility for production, marketing and organisation required farmers to be literate. A bilateral government literacy project began in 1985, teaching in Pulaar (the first language of the community) and working with a philosophy of literacy for self-management: literacy for specific economic and practical tasks and for the tasks of responsibility, confidence and knowledge. It took about eight months (meeting three times per week) for learners with no formal school experience to work through the syllabus and to learn to read and write letters and words, to recognise numbers, add, subtract and multiply.

A post-literacy programme was introduced in 1988. Previous studies of farming co-operatives had highlighted problems of bad record-keeping and lack of joint responsibility as the reasons for failure. So groups were encouraged to set up their own classes, elect a committee and organise meetings. Two members of the village were trained to teach young villagers, and a supervisor working with several villages would visit weekly. The aim of the post-literacy work was to help groups assume responsibility. They had to determine their own needs, make choices and solve problems, for which they needed 'hard' information on production, the market, storage, banking and a background to accounting, measuring, weighing, multiplication and record-keeping. If farmers were eventually to control production and distribution without outside help, the management tasks had to be broken down and 'tried out' in the safety of a simulated situation.

An interesting innovation in this project was the use of story telling. Stories are a traditional and familiar form in African society and were used as a vivid way to solve the teaching problems outlined, particularly the problem of knowledge input versus self-directed learning. Stories are lively, involve everyone and generate discussion on new issues. They can also be informative and can include task-based content. For example, a story about a farmer who decided not to buy fertiliser could lead to a calculation of the required amount for a field of given dimension, a comparison of figures for yields of fertilised and unfertilised crops, as well as the consideration of environmental issues.

A book *Reading, Writing and Cultivating: A resource book for post-literacy trainers* was created to help *alphabetiseurs* and exten-

sion workers to remember and re-use the stories, role-plays and other activities devised in the programme. Importantly, the project also initiated a village library housed in a suitcase, and a local newspaper, *Timtinol*, written in Pulaar by and for farmers. The scarcity of typewriters (and problems with Pulaar orthography) meant that the paper was handwritten on stencils and produced and sold every two months in runs of between 300 and 500. The study of post-literacy development in Africa has drawn attention to the achievements of rural newspapers. In this project, the issue of reviving the first language of the area was fundamental to the newspaper's success. While the language had been a written one for some 150 years, it was not widely used and many educated people could not read Pulaar.

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2.4 CHILE
Lavando La Esperanza
Popular Education and Literacy in a Women's Laundry Workshop

The wider context of a process of popular education is the focus of this study of literacy. The women in a *barrio* of Santiago first developed oral and organisational skills, and only when they later produced a book based on their experiences was it it found that many of them had difficulty reading. The book, which was at first dictated, then became a key part of the body of materials used by other literacy learners in the *barrio*.
on is our hope.

We have called the book 'Washing Hope'. In washing we have learnt to organise ourselves and organisation is our hope.

Popular education in Latin America, in the broad sense of people participating in their own education, has a rich diversity of method, experience and content, often in sharp contrast to the adverse and sometimes painful context in which it has developed. One such example is the work of the Women's Laundry and the Taller de Accion Cultural (TAC), an independent NGO, in La Hermida, a *barrio* in Santiago with a population of 60,000 people.

In 1983–84 the 12 women wrote a 200-page book about their lives since the time they first started to run a canteen for children 11 years before, a period spanning the years of Chilean political repression. They saw the book as part of their continuing education:

A kind of training, a way of recording everything we have lived through and which happens to us now, from how we were before and are now. It has served us by valuing our history and making

us proud of how, in spite of everything we have gone through, we have gone forwards.

The book was written through a process of weekly tape recordings. It describes the great personal change the women went through; the humiliation of washing for others; the conflicts with their husbands; their mutual support; their education; their progress towards self-expression and development.

Of course I washed and ironed clothes before but I did it alone. Now we are organised. It's my first experience of organisation and it has changed my life.

The women started the laundry in 1973 as a source of income to survive family unemployment and poverty. It was housed and supported by the Church. The project brought new challenges. The women had to seek clients through house visits and using the radio for publicity, do accounts and set up a way of working and sharing profits. They formed new workshops to meet the demand from other women. From learning about organisation they started credit clubs to help with buying school equipment for their children and for outings. They worked with unemployed groups and with relatives of the 'disappeared'. Some took on official roles within the organisations. Some joined theatre groups to develop confidence:

I thought that democracy was a Party and I thought that I'd ask: but no. Better to listen and see. I didn't dare to ask. But I learnt that democracy is everything that we were talking about, democracy is to have the right to speak, to be able to express yourself without anyone saying anything.

When the women were reconstructing these experiences in their book the need for literacy became apparent. The process of reading back the transcribed tapes brought out the fact that about a third of the women had serious difficulty with reading.

No one knew that I was illiterate, not even my husband, and no one in the laundry despite six years of working together.

This inspired the decision to set up literacy workshops in La Hermida. One of the women, Rosita, who learnt to read and write

through the literacy workshops, is now part of the TAC literacy team, which has formed four training groups in the *barrio* running five literacy workshops. A high-quality training manual for literacy workers shows how TAC have developed literacy to include a strong emphasis on locally-produced working people's writing. They have also produced over 10 publications since 1983, of which *Washing Hope* is one. These are about retrieving local memory through accounts of the history of the *barrio*, songs, rural stories and legends; one is a collection of writing published as a result of a writers' competition set up by literacy workers on the themes of 'Literacy: why is it important?' and 'How do you see our local community?'

The work in La Hermida is a powerful example of a way of keeping the control of literacy work within the community and of giving recognition to different kinds of literacies. The books 'opened new doors for us. We were invited to different public activities and social organisations began to value our work more.'

The work also is significant as an example of reclaiming culture, especially in Latin America, where there is public interest in the revival of traditional indigenous cultures.

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With thanks to David Archer, also Latin American Desk Officer with Action Aid, for invaluable assistance and access to the following publications:

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¿Cual es la situation real del analfabetismo en Chile? (Report of a national Literacy Conference in Santiago 1989.)

2.5 INDIA
A Literacy Crash Course with Tribal Women, Rajasthan

This experiment ran intensive literacy residential camps for 16 tribal women. The crash courses were organised on participative lines, planned and discussed with the learners and structured to offer post-course support. The study looks at one learning model of literacy teaching and brings out key issues of adult education practice.

An alternative, selective approach to adult literacy work which involves learners in the planning and the process has been initiated by Astha, an NGO working for the last four years among tribal people in Kotra, a block of Udaipur district in the south-east of Rajasthan (see also 1.6). The area is one of the most isolated in the state. Eighty-six per cent of the population of 101,983 (1981) are tribal groups (Bhil, Garasia and Kathodia), living, often in small villages of 40 to 60 people, in the area of the Aravali mountains. This region is still comparatively forested, with few roads and transport facilities, limited irrigation, no factories and only one or two mines. People earn their living from subsistence farming of their own land and daily wage labouring (the men migrating to Gujerat in times of unemployment).

Astha means 'faith' or 'conviction' in Hindi. The approach and philosophy of the organisation is rooted in the belief that poor people have the power to think about, understand and take action on their problems. Unorganised, they have little chance of removing poverty or working on the range of problems they face. Astha therefore uses non-formal education to encourage the rural poor to form groups and organisations. It then assists groups with planning, training and research. Central to this approach is a desire to develop 'popular knowledge' with the people, helping them to

evaluate their own experience and to understand systems, laws and technologies.

Astha's method is to conduct intensive field-work based on an 'awareness walk' (*chetna yatra*), covering between five and 15 villages over a period of several days. Meetings are held and village groups form, as a result of which issues begin to be identified.

During this process, women who had started taking leadership roles in the village felt that although they could discuss and analyse, they were hampered by lack of literacy skills when they needed to organise action (on credit loans, small poultry management, preparing applications to District Officers, etc.). This experiment started by talking to village tribal women about their work in the home and as wage labourers on the margins of survival. They simply could not afford to be interested in a literacy course which lasted nine months and were hardly ever free to go to regular classes. However, there were periods of the year when they were relatively free. The idea of planning a series of crash residential literacy camps of around 10 days' duration (to which they brought children) came directly from such discussion and lends striking weight to the crucial and much ignored fact that the timing of adult education for women is central to any plan.

A participative approach was similarly integral to the planning of the course and, since no existing Hindi literacy primer had words which were readily understandable without help, the course primer was written with the learners during the course. In this way the women felt that they owned the primer, were familiar with its sequence and could use it after the course, whatever their new skills were.

The learning process started from working on five words which included all the Hindi vowels. The words related to important features of the learners' lives and the locality and corresponded to pictures. The learners worked from simple to complex: word-picture association, word–sound, sound–letter, new words from known sound/letter, using names to associate other letters of the alphabet. Although activities continued for close to 10 hours a day, the women went on working before and after sessions. Activities were varied: they discussed childhood and school (though only

two of the 16 had experience of school themselves, others had relatives who were literate); they played the 'name game', recognising their name through shape and size; they wrote a song to a local folk tune, relating vowels and consonants to shape as described in the song.

By the end of 10 days, the group knew all the alphabet and numbers up to 30 and some were reading slowly and writing names and addresses. The group then continued to work at least two or three days a week with help from someone in the village. They used the self-addressed postcards to communicate with the camp facilitators in the interim, as planned. The second camp met a month later for five days. This reinforced earlier work and advanced to work on numbers up to 100, addition and subtraction, addresses and family trees. New materials were prepared and a system of correspondence sheets was initiated to review learning. The women are sending these sheets back and interest continues.

A third camp has been planned to teach the literacy skills the women need to use as group leaders in relation to meetings, reading wage labour records, communicating with officials, etc. A demand from a men's group for such a course had confirmed the felt need for this method of work.

The camp not only showed that this is a viable learning model in literacy but the experiment demonstrated some key adult education issues as they relate to the process of development, notably the effectiveness of:

- planning in partnership with learners
- developing teaching materials within the learning context
- structuring a post-course support learning context
- living and learning together to allow mutual non-planned learning.

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2.6 ZAIRE and ZIMBABWE The Right to Read

Knowing how to read and write
Unleashes you from the feeling of being a stranger.
(Bernadette Fumbuka, Tanzania, 1990.)

To mark International Literacy Year, 1990, Newcastle Adult Basic Education Service in the UK sent out 500 letters to Literacy Schemes abroad through aid agencies. The purpose was to gather personal experiences of literacy and to encourage shared understanding of why people were learning. More than 150 accounts and stories were received and translated, for a touring exhibition and a publication, and as the seedbed for a continuing exchange between basic education learners internationally.

Two examples from this unique collection are included. The first, *Poisson d'Avril*, is written, initially in French, by a village elder from a hunting and gathering community in Zaire. It gives a first-hand account of the effects on local development of a literacy programme, as villagers gradually began to feel its impact. The second writer, from Zimbabwe, expresses the length of time it takes to reach a retainable level of literacy.

'POISSON d'AVRIL' (APRIL FOOL)
Kabudi Cibalabala Athernase, Zaire

I'm more than sixty years old and take part in the council of elders of our group. We are temporary hunters and farmers. We live in the countryside in a rural region. In our region we have neither a school nor a hospital, nor pure water near to our home. We live on agriculture and breeding small animals and poultry; sometimes we live on game from hunting and gathering.

But do you know one fine day, three years ago some facilitators from the 'UNESCO Eveil for Development Club' turned up to develop cultural awareness in our people. Having observed that no one of us knew how to read and write or calculate, on our demand they initiated a literacy programme. Because of lack of classrooms our first classes took place under palm-trees, everybody brought what he had to sit on: chairs, stools. Those who had nothing sat on the soil. At first open to men, later on bit by bit, it accepted women and children.

Since then many among us made a lot of progress and no longer have recourse to the help of pastors to write down letters. We read the bible ourselves, keep little accounts of our produce, read the numbers of buses and their destination. Even if most of us are very old, thanks to literacy the sanitation conditions have improved in our village. We do not confuse coins and bank-notes even if it is night. We have retrieved familial intimacy and can keep our letters a secret.

In spite of our multiple difficulties and thanks to our self-finance, our centre has erected a three-roomed building in local material (palm fronds, earth) and got extensions in nearby villages. We who thought that we were having an April fool played on us as the centre started its activities on the first day of that month, devoted time to playing tricks on neighbours, with this extravagant story, just to amuse. But little by little literacy has brought light, opening a lot of horizons for us by our capacity to decode the written message and transmit our problems to our neighbours without an intermediary.

So, we feel liberated from that sickness of literacy which is ignorance of writing and reading that 60 per cent of our countrymen suffer from. Our motto is 'There is no fixed age to learn, to read, to write and calculate'. We have as our only weapon our will, in spite of multiple problems of manual work in the fields, long search for water and firewood, pounding cassava and maize for meals, lack of money to buy books, paper, copy-books, pens, newspapers and adequate spare-time.

We meet four days a week for two hours with the help of volunteers sent to the centre to learn. We are grouped in three categories by rooms: the newcomers, the less old and the oldest, from 30 to 40. Men and women are separated while celibate young men and girls are put together.

Through our agricultural co-operative we aim to lodge and feed the volunteers with the products of our fields: manioc, maize, potatoes, mangoes, lemons, paw-paw, occasionally with poultry and fish from our pools, and also with meat of pigs, goats and rabbits.

Thanks to literacy we can no longer commit the crime of poisoning our families, as a woman did some time ago. She used DDT to fight hair parasites and forgot to wash her hands before starting cooking the meal for her family, so she poisoned her family of 12 persons, among them the father, the mother herself and the children without counting the dog and the cat.

With our effort and with the help of the Club we run a small health centre and a small library, and when possible a cinema to entertain our people. Although it may only be the threshold, thanks to literacy there is life in our village.

DIGGING A MOUNTAIN WITH A SPOON
Jephias Mlilo, Zimbabwe

After completing grade seven, I thought I had made it. But I realised later what I did was like digging a mountain with a spoon.

Those were the days of colonial rule, where we were indoctrined with ideas of self-praising and undermining others. I completed grade seven in the year 1969, after failing to get a job because I was not educated. I joined the struggle via Botswana to Zambia.

In the struggle I was exposed to many fields which need education. Armed with little education, I managed to grasp some. When returning home I found that the things were worse than before. After spending 18 years I found it difficult to start learning, but it was not so when I started learning at Danhiko in the year 1988 and now I am doing form three and I am a member of a Writer's Club.

3. RURAL DEVELOPMENT

Introduction

South-East Asia

Thailand

Brazil

Sierre Leone

Bangladesh

Kenya

3.1 Introduction

The importance of linking education to rural development and production is now recognised in many parts of the world. It has been argued, however, that many rural development programmes have failed to affect the poorest populations because communication models have been directive and authoritarian. Furthermore, some projects have undervalued the experience and abilities of local people and have imposed change rather than encouraging participation in change. There is evidence, too, that the provision of new technology will not, on its own, bring about development objectives. Development agencies have sometimes assumed that technical problems in rural societies require purely technical solutions. But there are two aspects in the development process, the technical and the socio-cultural, and technical solutions will fail if they take no account of socio-cultural factors. To have a sustained impact, development programmes must achieve community support and participation. This means allowing people to define their needs and participate in the quest for solutions. The projects described in this section are firmly based on the belief that educational processes grounded in the life and culture of local people can lead to development. The case studies show how rural development can be achieved when:

- communities or groups are given the freedom to determine their own priorities and participate in planning and leading learning programmes
- education programmes stress collective rather than individual efforts
- knowledge and skills are shared for the good of the whole community and the wider society of which it is a part
- programmes use traditional performing arts to stimulate debate and problem-solving.

An important feature of the case studies is that their outcomes have far more than just a local impact: Assocene in Brazil, for example, collaborates with the regional development programme and, like the Thai Hill Tribe project, demonstrates overall concern with the environment. The Green Belt Movement in Kenya shows

how people's energies can be harnessed in a nationwide movement to protect the environment and natural resources.

3.2: SOUTH-EAST ASIA Delsilife: A Co-ordinated Education 'Intervention' System

This example shows that learning based on locally identified problems and solutions can lead to striking benefits for communities.

Delsilife, a programme to improve the living conditions of deprived rural populations in south-east Asia, was started in 1978 by the Regional Centre for Educational Innovation and Technology (INNOTECH) in Manila, a specialised organisation of the South-East Asian Minsters of Education Organisation (SEAMEO).

The programme was piloted in selected villages in Indonesia, Malaysia, the Philippines and Thailand, with funding from the four participating countries and the research programme of the Netherlands Ministry of Development Co-operation. The principles underlying the programme were participation and self-reliance, and methods were based on the belief that identification of problems and learning needs is a vital learning process in itself, creating a starting point for further learning as well as acting as an incitement to action. Thus, participants were fully involved in the planning and conduct of activities, and learning programmes, based on their identified problems and concerns, were designed to encourage problem-solving skills and collective action.

The scheme operated with small learning groups (anywhere between five and 25 people from each pilot village), each of which selected their own leader. The groups identified local problems which were then translated into learning objectives and education programmes. For example, one of the learning groups, in Loma de Gato, a village in the Philippines, identified the following as areas in which they wished to acquire or extend knowledge and skills:

- literacy and numeracy
- household management and maintenance
- health and nutrition

- sewing
- livestock-raising
- farming technology
- operation and management of co-operatives
- marketing, loan associations, banking
- leadership
- family, community and government.

The Delsilife learning formula is based on a combination of 'vertical' and 'horizontal' skills. Vertical skills are practical (vocational) knowledge and skills, while horizontal skills are life skills essential to the successful application of practical knowledge: problem-solving, planning, communication and social skills, literacy and numeracy, language skills, financial skills. The village learning groups identified vertical skills as their prime learning needs, mainly because their most pressing concern was to improve their economic situation. The workshops therefore focused on ways of improving living conditions and economic circumstances:

- **The Philippines:** food preparation, tailoring, cattle-raising, electricity
- **Indonesia:** duck-raising, wood-carving, personal hygiene
- **Malaysia:** banana cultivation, mat weaving, tailoring, cultural activities
- **Thailand:** fishery, beekeeping, water storage, food preservation, compost making.

Although horizontal or life skills were not prioritised in any of these projects, participants nevertheless found that they needed to acquire communication skills and expertise in problem-solving and financial planning in order to achieve their objectives.

Examples of Group Activities

A village in Thailand identified as its most serious problem a lack of water and water storage facilities at times of drought. Several learning groups were formed and trained in making storage jars with simple techniques and inexpensive materials. The idea was that each household should obtain a number of jars, either by

taking part in their production or by purchasing them from the group.

Another of the learning groups identified lack of medicines as a problem. After discussion, the villagers started a co-operative where they could purchase medicines and gain instruction in their use and distribution in return for a small fee. This initiative also entailed acquiring organisational and book-keeping skills.

In another Thai village, the community wanted to start a fish farm. A group was formed to explore areas such as management, organisation, planning and finance. Some members organised themselves into a committee and successfully negotiated with government officials of the Agricultural Information Service for financial and material support. This was granted for a period of three years, by the end of which the group was expected to run the enterprise independently. The government also provided training which led to the entire group spending three days in the provincial capital with follow-up visits from an extension worker.

In Malaysia, a small group of women started a workshop for weaving mats using a local expert as instructor. The participants were then faced with the problem of finding a regular market for their goods, which they at first tried to sell to passing visitors. This was an unsatisfactory solution as visitors were few and far between. They then approached a government institution, with which they negotiated an agreement to sell their mats to a government-owned handicraft centre in Kuala Lumpur on a permanent basis.

The Delsilife programme was successful on a number of counts:

- it achieved community participation (by 1983, there were nine learning groups and 109 participants in the Malay village)
- it stimulated a variety of small-scale economic activities
- it helped to solve community problems relating to health care, hygiene, infrastructure, water supply, co-operation and planning
- it helped strengthen existing community councils and increased community solidarity and co-operation in and between villages

- it encouraged and helped groups to make use of official agencies and resources and government programmes.

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3.3 THAILAND
A National Initiative with Hilltribes

Although it achieved many of its aims, this programme demonstrates the advisability of allowing people to participate, from the start, in the planning and implementation of education and development programmes to improve their position in society.

In recent years, adult education in Thailand (officially called 'non-formal education') has been linked with national development and integrated into rural development plans as part of an attempt to reduce disparities between urban and rural areas (over 80 per cent of the population live in rural areas). Thailand's hill tribes comprise 500,000 people (one per cent of the population) and include 10 main tribes. They live in the northern mountain regions and along the country's western boundary, cut off from mainstream Thai society. Each has its own language, traditions and dress. They are remote and lack access to services such as education, health care and social security. As minority groups, they do not have full Thai citizenship and rights.

During the last 20 years, the hilltribes have become a focus for official action because of the increase in opium production, wide-scale environmental destruction through deforestation, and government concern about security along the border. In 1976, the government introduced an integration policy to encourage the tribes into the mainstream of society. Education was seen as playing an essential role in integration, and stress was placed on literacy and teaching the Thai language. During the 1980s the programme evolved into the Integrated Hilltribe Development Programme, set up with the help of foreign aid. This involved 31 government departments (under 11 ministries) and 49 NGOs. The objectives were to improve agriculture, to generate new sources of income, to discourage the destruction of forests and to make the

villages more accessible. The programme promoted cash crops such as coffee and beans to replace opium growing. In addition, terrace agriculture and other methods of increasing production and overcoming soil erosion were introduced. Education was integral to the programme, and between 1980 and 1986 the Hill Area Education Programme – covering 58 villages in four provinces – was run by the northern region non-formal education centre, mainly with USAID funding. The programme used an Ashram approach (community-centred teaching and learning). Centres were built and run by village committees with the assistance of teachers provided by the project. The centres provided classroom learning, training, a library, a radio room and a meeting place for villagers. The role of teachers on the project was not restricted to teaching. They were also required to act as health workers and facilitators or community developers in village projects. The programme included basic education in literacy and numeracy, with curricula and teaching materials developed, tested and modified by learners themselves. Group discussions were held on local problems and wider issues such as land use, water supply, food production, forest conservation and opium smoking. This approach contributed to regional development by creating new attitudes and enthusiasm for the implementation of change. Problem-solving through adult learning led to community involvement, and development projects were initiated and carried out by tribes themselves.

The integrated programme had a number of widespread social and economic benefits. It resulted in a decrease in opium growing, the development of substitute cash crops and the abolition of 'slash and burn' cultivation. It prepared tribes for contact with the rest of Thai society by equipping them with the national language. The construction of new roads facilitated the introduction of modern technological materials and lifestyles. However, the programme also encountered various problems and setbacks. Some of the teachers could not easily identify with students from tribes other than their own. Teaching the Thai language was not entirely successful, as the tribes wished to maintain their separate identities and rarely use written language themselves. These problems

might have been avoided had there been greater participation by the tribes in initial planning.

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3.4 BRAZIL
Regional Development Through Assocene

This example demonstrates how development can occur when people are given the chance to fully participate, and are able to recognise the long-term benefits of education in enhancing their situation and the overall conditions of life in their communities.

Assocene (Association for the Orientation of Co-operatives) is a non-profit-making, co-ordinating organisation of co-operatives and co-operative unions in north-eastern Brazil, which was set up to support smallholder organisations. Founded in 1975, the Association is run by representatives of co-operatives on the principle of participation: there is no hierarchy of knowledge and expertise and the smallholders are considered partners in the process of transformation. Their knowledge and capacities are valued and used, and existing or acquired knowledge and skills are shared.

Since 1983, Assocene has collaborated with the plan for regional development for the north-east region with the support of the public authorities. The emphasis has been on organising smallholders, who compose 90 per cent of the members of rural co-operatives in the region. Education and vocational training play an essential part in this work. The principal educational aims are:

- to develop ways of participation and joint working
- to foster self-reliance
- to help people make decisions about the way they work and what they produce
- to teach people to claim their rights.

Assocene has trained thousands of rural smallholders. The training offered is broad, and includes collective contribution (co-operation) and collective management (participation). Trainees study co-operative legislation and administration, account-

ancy, production, commercialisation, agrarian reform and agricultural policies, and are expected to put this knowledge at the disposal of other Assocene members. This enables education to have a widespread collective impact.

Examples of Assocene Activities

In one of its programmes, Assocene worked together with the National Irrigation Programme in training and organising the users of an irrigation system. After analysing production costs and the ecological implications of using this method, the participants concluded that it would be valuable to explore alternative techniques in agriculture and stock-farming. In response, a training programme in organic agriculture was organised. This provided participants with information about alternative farming techniques which they were able to apply to their own situations. As a result of the training, nearly all the smallholders in the irrigation project were, within a year, using compost and regional plants for the production of agricultural crop protection agents. This had the twin advantages of reducing the use of chemical pesticides which contaminate the environment and cutting costs, thereby providing extra capital for the co-operative.

Assocene has also assisted in facilitating participation in regional development. In 1987, the elected governor of Paraiba, one of the poorest states, asked for the Association's help in encouraging the population to participate in the regional programme, the People's Plan. In response, Assocene set up a scheme to elicit public views. Eighteen experts assisted by 400 Assocene students instructed 171 districts on methods of community participation. Within a few months and at little expense, 260,000 people were involved in 4200 meetings at a range of levels, as a result of which approximately 9000 suggestions were contributed to the People's Plan.

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3.5 SIERRA LEONE
Drama Workshops

The preceding examples demonstrate that dialogue conducted on a basis of equality is required to bridge the gap between change agents and rural populations and bring about active participation in development programmes. Education programmes which involve traditional forms of communication have been found a valuable means of initiating social and economic change in deprived rural communities.

Since 1986 the University of Sierra Leone Institution of Adult Education and Extra Mural Studies has been mounting workshops for village workers, training them in participatory research and the use of community/popular theatre for development. The workshops are targeted at development workers, local liaison people and village leaders, with the aim of training participants to respect and listen to villagers and to organise drama sessions which will lead to reflection, problem analysis and collective action. Following training, participants conduct participatory research sessions in villages. This involves establishing a rapport with villagers based on mutual understanding and confidence. Discussions with villagers lead to identification of local problems which are then dramatised. This leads communities to engage in further discussion and determine on action to solve the problems identified.

The approach has shown that using people's language, idiom and traditional performing arts can be a potent medium for encouraging community involvement in the process of participatory grassroots development. Popular theatre is a medium which can provide a forum for discussion of problems of direct relevance to people's socio-economic situation, without the tension and antagonism inherent in real situations. It has inbuilt feedback mechanisms which facilitate discussion, problem-solving and follow-up action.

3.6 BANGLADESH A Non-Governmental Development Organisation

Proshika in Bangladesh also illustrates how raising awareness via traditional forms of expression can be a means of mobilising the energies and talents of local communities and bringing people together in collective development efforts.

Proshika started in 1976 with activities oriented towards landless labourers and peasants in deprived rural areas. The programme started from the premise that social and economic progress does not necessarily entail the large-scale introduction of modern technology but can be achieved by raising the understanding of local populations and mobilising their experience and energies. Thus the first aim has been to raise awareness of how rural dwellers' problems are related to the wider social context and to teach them how to improve their situation by self-organisation and self-reliance. Subsequent aims are:

- to foster joint initiatives and economic activities, reducing dependence on money lenders
- to develop collective responses to low wages, exploitation and injustice
- to develop self-advocacy skills in approaches to the authorities.

Proshika's method is to establish organisations in rural areas, consisting of groups of up to 20 households. Animators and local group leaders then work with groups, raising their awareness, while Proshika provides back-up training, manpower, consultancy and co-ordination. By the early 1980s, the organisation had set up development centres in nine rural areas and had encouraged local agricultural workers to organise themselves into groups. These were then provided, with a mix of practical training (in

agricultural methods, for example) and education in social analysis, management and project planning. In each area, drama was used as a medium for exploring and analysing local situations, in recognition of the fact that traditional forms of expression – a mixture of song, dance and recitation – avoid the problem of non-literacy and have a strong emotional impact which encourages active participation in discussion and problem-solving.

The first large-scale theatre workshop was held in 1976, with 20 rural development workers and 20 leaders of labourers' groups taking part. They entered villages, took note of problems and dramatised them. Eventually the performances were shown and discussed by villagers. In one village the agricultural labourers were so enthused that they devised and produced their own drama within two days.

The whole process enabled Proshika and the groups it had organised to realise that village groups could not confront the power of local landowners alone; there needed to be a well organised body representing all the groups. To achieve such a collective association the rural groups organised among themselves and trained their own leaders, again through the medium of drama.

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3.7 BANGLADESH
Gonoshasthaya Kendra: A Focused Health Initiative

Gonoshasthaya Kendra (People's Health Centre) is an NGO which started with an emphasis on health care but gradually broadened to wider community development in an attempt to improve the quality of life for disadvantaged rural populations in Bangladesh.

Gonoshasthaya Kendra (GK) originated at the time of the Bangladeshi War of Liberation. It was initiated in 1971 in Savar (22 miles from Dhaka) by a medical volunteer group who aimed to raise health standards in rural communities by training paramedical workers, traditional midwives and medical students in health education, preventative and curative medicine and family planning. As a result of this initiative, local midwives were trained to be 'co-operative health workers'; semi-literate young paramedics were trained to perform simple operations; and a series of good health practices was introduced in the community.

As the project progressed, however, workers became increasingly aware of the underlying factors preventing proper application of health programmes, and of the links between ill health, illiteracy, malnutrition, superstition, unemployment, agricultural backwardness and poverty. This led GK to alter its objectives and target the most deprived sections of rural society – the landless poor, marginal farmers and women. This shifted the project from an exclusive focus on health into the wider areas of education, vocational training and economic regeneration. Thus GK gradually evolved into a more comprehensive, needs-oriented community education and development programme which provided:

- classes in literacy and consciousness-raising
- training and work experience in nutrition, crafts, agriculture and a range of vocational skills for villagers

- training for women (including establishment of a women's centre)
- an experimental primary school for children of landless peasants and a school for young non-readers.

As the scope of the project widened, it also took on a support role for the rural community, supplying publications and information, help with developing co-operatives and a loans scheme.

By 1977, GK had five main programmes: health and family planning; education, agriculture and nutrition; vocational training; research; and evaluation. Education has been integral to all its activities and has been linked as far as possible with economic development. The training for women, for example, started with sewing and jute handicrafts but as employment prospects in these areas diminished, the focus changed. Since migration of skilled manpower to the Middle East had resulted in skills shortages in certain areas, GK initiated training for women in carpentry, plumbing, metalwork and commercial baking, with education in literacy, home economics, hygiene and family planning incorporated into all programmes.

One of the principles underlying GK's adult education is to eliminate hierarchies of expertise and demystify knowledge by putting it in the hands of the people. Thus the project operates on a cascade model: local people are trained at a practical level in a variety of skills which they then use to assist the community. For example, following the system used at the beginning of the project, people are trained as 'para agros' to assist and advise the community on agricultural matters and to help groups form co-operatives and avail themselves of government services and resources. This system has helped to introduce improved farming techniques and new crops in the region.

The programme as a whole has produced significant changes in knowledge, attitudes and practices in health, nutrition and economic development. It has succeeded in reducing poverty, raising general health, nutrition and literacy standards and raising the status of women. The project has gained both a national and international reputation and has been used by a series of organisations and agencies for training.

The most effective education programmes are those which

encourage self-help. Although the GK programme has received significant funds from a range of overseas aid agencies and some local sources, village clients are expected to pay what they can afford as part of an attempt to foster self-reliance and remove dependence on outside agencies.

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3.8 KENYA
The Green Belt Movement

An enormous amount of learning can take place in an environmental movement. The Green Belt Movement in Kenya has been successful because it capitalises on a strongly felt need: people want more trees for shade, windbreaks, building materials, fences and fuel. They appreciate the movement because it provides trees, creating jobs and small amounts of income in the process.

Although it is nationwide and has long-term aims, the movement costs the nation very little. While it has received support funding from a variety of national and international agencies, it relies largely on the great commitment of volunteers and on the contribution of staff.

Kenya has one of the highest population growth rates in the world coupled with scarce land resources, about 60 per cent of the country being arid or desert. Rapid population growth creates pressure on land and forces landless people to move into riverbeds and catchment areas. Over 80 per cent of the population live in rural areas and there is a high demand for wood for temporary housing, fences and cooking fuel. Because of a growing national shortage of wood for fuel, forests are being destroyed at an increasing rate and severe deforestation threatens the country. This gradual denuding of the land causes a drop in agricultural production, as trees are needed for soil regeneration. There are many other harmful consequences: in some areas women use cowdung as fuel, which further reduces soil fertilisation. Indiscriminate cutting down of trees and bushes causes flooding and silting. Large-scale migration to urban centres exacerbates the situation as the migrants join low income groups whose energy sources are wood and charcoal.

The Green Belt Movement was launched by the National Council of Women in Kenya (NCWK) after the UN conference on

desertification in Nairobi in 1977. A national campaign was mounted with support from Mobil Oil, and in 1982 funding was received from the Voluntary Fund of the UN Decade for Women to establish and maintain seedling nurseries and give rural demonstrations. The movement rapidly developed into a large NGO which now works closely with the Ministry of Environment and National Resources and the Office of the President. The movement has long-term aims:

- to halt deforestation and promote good management of crop and grazing land
- to make small farmers knowledgeable and competent agroforesters and tree farmers
- to make rural populations self-sufficient in wood fuel
- to raise public awareness of environmental issues and development in line with international conservation strategies
- to encourage energy-saving technologies such as improved cooking stoves
- to transfer forestry techniques from foresters to ordinary people
- to promote environmental education in schools
- to utilise the forum created by tree planting activity to discuss the inter-relationship between population patterns, the environment, energy and food production.

The most important immediate objective of the movement is promotion of tree planting and agroforestry among communities and small-scale farmers in different parts of the country. This is achieved through attention to soil conservation, land reclamation and rehabilitation, as well as to the nutritional and energy requirements of people and livestock. Women's groups are encouraged to establish their own tree nurseries and to plant trees in rows around schools, church compounds and *shambas* (homesteads).

As the movement developed, several problems were identified. Seedlings did not always survive long journeys after being collected from nurseries and trees sometimes withered and died after planting. It was clear that people needed educating in seed propagation, tree surgery management and transplanting. Funds donated by the International Council of Women and NORAD en-

abled the movement to mount a training programme of demonstrations, seminars and workshops, including on-the-job training. Specific training includes:

- propagation of trees best suited to the environment
- identification of the indigenous trees vital to the ecosystem
- hole digging and spacing
- use of natural fertilisers
- planting
- handling of seedlings
- watering and water storage
- tools and their use
- protection from livestock
- management of nurseries
- selling and purchase of seedlings.

The movement has established an effective method of working. Groups who wish to plant trees apply for seedlings from the nearest Green Belt nursery, specifying their location and needs. The seedlings are then put into plastic bags for transportation and the movement assists with provision of fencing materials, methods for providing shade, water supplies, tools, manure, chemicals and plastic bags.

Planters are encouraged to take good care of their trees and 'promoters' are sent out ahead of seedlings to encourage people to dig proper holes and fertilise them. After planting, follow-up staff check on progress. Green Belt 'rangers' are employed locally to tend the plants and the movement encourages villages to identify local people with disabilities to do this work. Tree nurseries set up under the scheme are managed by a local committee of community leaders and a nursery attendant.

The achievements of the Green Belt Movement have been multiple. Public awareness of the problems of deforestation has been raised and the nation as a whole has become involved in a massive campaign to plant trees, dig trenches, build cut-off drains and plant selected crops to prevent soil erosion, flooding and silting. Thousands of trees have been planted and over 1000 public green belts and countless 'mini' green belts were established in the decade following 1977. During the same period, over 65 com-

munity tree nurseries were opened in which women and children are trained to produce seedlings for selling back to the movement: thus new income is generated, as well as jobs created, in rural areas.

One of the most significant outcomes of the movement is that is has greatly enhanced women's status in the country. The NCWK and other women's organisations are now considered important agencies of national development.

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4. THE ROLE OF WOMEN IN DEVELOPMENT

Introduction

Kenya

Tanzania

India

4.1 Introduction

> *Women work at the very heart of the developing countries' economies ... they grow at least half the world's food ... they supply households with food, water, fuel and housing and frequently generate cash income to satisfy basic household needs. Yet rural women are likely to be numbered amongst the least healthy, least educated, and lowest in the local chain of access to food.*
> (Gabriel, 1989.)

In many parts of the developing world, society is strongly patriarchal and females have low status. They are usually restricted by custom and tradition to forms of work considered suitable and acceptable for women. Although a large number of poor families depend on women's earnings, women often find it difficult to get help or loans and, through lack of education, have little opportunity to improve or vary their income-generating skills.

For a long period there was a tendency among development agencies and aid workers to consider women only as mothers and wives and to ignore their other important roles as farmers and producers in subsistence economies, community leaders and educators of young people. As a result, women who missed out on formal education have also been under-represented in non-formal education linked with development. Agricultural and technological projects, for example, have often been directed towards men, and women's contribution to rural development ignored. The Food and Agricultural Organisation (FAO) has calculated that, in sub-Saharan Africa, women represent 47 per cent of the agricultural labour force but only 2.9 per cent of agricultural advisers; in Asia they comprise 40 per cent of the rural labour force but only 0.7 per cent of extension advisers. Many observers and development workers are now aware of this contradiction:

> *Women (in development) were assigned to domestic tasks and nutrition and missed out on education/training for more participation in productive, mechanised agricultural and industrial production. Relegated to less skilled tasks they were sometimes edged out of the labour force altogether. Women have been excluded from agricultural training and activities even in*

> *societies where these tasks are performed primarily by women.*
> (Nayar, 1989.)

> *Women's central contributions to their communities are overlooked by the designers of economic and social development programmes, with the result that women have limited access to the innovations, training and other basic resources that could facilitate their tasks and improve their productivity.*
> (Gabriel, 1989.)

Social and economic progress can be delayed in countries where girls and women are denied access to education. It has been argued that the cost of keeping women illiterate is higher than the cost of educating them, since low female literacy leads to poverty, ill health, high child mortality and low economic productivity. Educating women can have a highly positive impact on development by bringing about lower fertility and mortality rates, higher participation in the wage sector, increased production of food and income-generating products and advances in areas such as child health, nutrition and school achievements.

The significance of women's contribution to development has been increasingly recognised since the 1970s, a change in which the United Nations Development Decade for Women played an important part. It is now widely accepted that improvements in the position of women in developing countries have a widespread impact on communities, particularly in rural areas. Thus stress has been put on education and training for women in a number of international forums (for example, the 1979 UN World Conference on Agrarian Reform and Rural development, and the 1985 ACP-EEC Convention LOME III), and the integration of women in development programmes is now viewed as a desirable planning objective by international development agencies. As a result, there has been a move towards development projects which benefit women and enhance their status. In countries where few women are voted into public office or positions of authority, participation in national and regional development programmes provides valuable opportunities for them to contribute their skills, use their experience and creativity and take on leadership roles.

The case studies in this section illustrate how education pro-

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jects targeted specifically at women can have a range of important development outcomes for communities and raise the general status of women in the community. As well as stimulating productive and income-generating activities, the women's projects in Kenya and Tanzania have raised health, nutrition and general living standards in the target communities. The range of services developed for self-employed women by SEWA in Ahmedabad have raised the standard and quality of life immeasurably for one of the poorest and most oppressed groups in India.

The projects overall demonstrate the importance of women's contribution to development and how their position and status can be enhanced through education programmes designed to foster greater self-esteem and self-reliance.

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4.2 KENYA
The Tototo Kilemba Project

The Tototo Kilemba project showed how overall community development goals to do with health, nutrition and economic progress can be met through education programmes which concentrate on meeting learners' own priorities.

This non-formal education programme for women was conducted in coastal Kenya by the National Christian Council of Kenya (NCCK) through the Tototo Home Industries division and World Education Inc. (WEI). The principal task was to identify and respond to objectives set by learners themselves, the assumption being that they would automatically select objectives associated with improving their social and economic situation, and thus aspire to accepted development goals relating to health, nutrition and general community improvement.

One hundred and thirty women in six rural communities participated in the programme. These were mostly poor and illiterate Muslim women aged between 20 and 30, with an average of three children each. Their main activities, apart from domestic labour, were subsistence farming, handicrafts and cash crops.

The programme entailed a series of learning activities over a 12-month period with built-in evaluation and appraisal. It was supervised by staff members in Mombasa, each of whom was assigned a village. Each participating village selected a programme co-ordinator who could read and write and was paid a small amount for her work. (It was subsequently found that the only village in which the project did not achieve its chosen goals was the one where the co-ordinator was not chosen by but imposed on the women.) The co-ordinators were trained to involve participants in discussion of personal and community priorities and to assist them in selecting and achieving realistic goals through dialogue and problem-solving, and drawing on their

experience and abilities. The co-ordinators provided health and nutrition information, resources and technical assistance.

Follow-up at two stages – eight months and 16 months after the end of the programme – showed that the programme had significant outcomes for individuals and communities and specific outcomes for women. These included increased self-confidence, greater participation in community life, improved health and nutrition practices and development of new sources of community goods and services. In one village, the women had built a nursery school; in others they had established new, income-generating concerns – egg production, poultry co-operatives and a bakery. Each of these new ventures had spin-offs for the whole community: improvements to the environment, better sanitation, nutrition and health and significant advances in the situation of rural women.

According to the evaluator, the participants changed some of their attitudes and practices not because they were told to but because they saw the connection with their own interests.

Among the specific benefits identified were:

- a four-fold increase in women's participation in community self-help
- significantly more women holding office in community councils, committees and organisations
- greater confidence among women to attain goals (five groups were able to raise capital to invest in their projects)
- collective efforts towards earning income
- significant changes in diet (a move towards eating more protein as a result of egg and poultry collectives)
- positive changes in health practices (immunisation, hygiene, sanitation and water storage) as a result of meeting the legal and public health requirements when opening a nursery school and running commercial ventures.

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4.3 TANZANIA
Women's Participation in Development

In this project, identification of local problems and concerns was the start of a problem-solving educational process which has led to marked improvements in the lives and economic situation of the women concerned.

AWPID is an adult education initiative which uses an approach similar to that of the Tototo Kilemba project described in the previous section. The scheme trains people to work within communities and identify local needs and priorities. These are then translated into programmes with development aims. This method enables participants to be actively involved in the planning of education that is directly relevant to them. AWPID trainers provide information back-up and advise groups on approaching funding agencies and obtaining specific skills training.

The key to this scheme is local participation. Local people are trained to conduct 'listening surveys', to lead groups in prioritising issues and to sustain community interest. Overdependence on external trainers is thus avoided: local people acquire skills to support developments and the community remains in control of their implementation.

The learning process involves the following stages:

- identification of problems through open questions and listening surveys
- analysis of problems through group discussion with all villagers (what activities are needed? what resources are there?)
- classification of activities, setting priorities and long- and short-term action plans
- developing training programmes which are appropriate and relevant to specific circumstances.

The process is circular; progression to the next development stage is built in as participants constantly re-evaluate their situation and identify new development and training needs.

The scheme has led to a number of income-generating outcomes, including the development of a tailoring business, restaurants, shops, grinding mills, transport schemes, dairies, *shambas* (homesteads), bakeries and hotels, many of them registered as co-operatives.

One group of women and children were walking long distances daily with heavy loads of grain for grinding. AWPID connected them to OXFAM and encouraged them to present a bid to establish a grinding mill. It then helped them to secure training in managing projects, book-keeping and technical skills.

The women of Wakyeku Lossa were worried about a surplus of milk production leading to waste. A bid was prepared for a milk separator and project on cheese production started. Training was provided in running co-operatives, book-keeping and technical skills. Another spin-off was that whey was given to children to supplement their diet.

In Hai district the women identified problems with marketing their milk. They had to walk long distances with heavy loads which often turned sour before arrival at the market. With the help of AWPID a collective bid was made for transport, a co-operative was formed with a membership of nearly 200, and the milk was subsequently transported to the market by truck. The new co-operative also incorporated a shop, provided cash loans and animal feed on credit and established an education centre to train project managers and committee members.

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4.4 INDIA
A Self-Employed Women's Association, Ahmedabad

Although it started as a non-educational initiative, SEWA (the Self-Employed Women's Association) has been described as adult education with an overt development objective. Unlike many programmes for women, SEWA has long-term aims of social and economic improvement. These are being achieved through mobilisation and participation. A great deal of incidental learning takes place through participation in the association's activities, in addition to education and training in a traditional sense. Over and above the huge economic benefits for participants, the association helps to cultivate women's self-confidence, encourages self-help and gives members the ability to control their lives and environment. SEWA is a self-reliant movement on Ghandian principles. Although there has been some seed-funding from outside organisations and well-wishers, most of the organisation's funds have been self-generated.

SEWA was started by the women's wing of the Textile Labour Association in Ahmedabad in 1971. They had received appeals for help from groups of self-employed female labourers – head loaders from the cloth market, used garment workers, hand-cart pullers and rag traders – and found that a large proportion of self-employed females were in miserable circumstances, unprotected by legislation. The women had common problems – low earnings, exploitation by money lenders and traders, lack of credit facilities. At a public meeting, it was suggested that they should form an association of their own. Thus SEWA was initiated and registered as a union in 1972 with the general aim of improving the social and

economic position of self-employed and other working women in Ahmedabad. Membership was open to any self-employed woman aged over 15 in the state of Gujerat. By 1981, SEWA had achieved a membership of 13,000 women in Ahmedabad and outlying rural areas, most of them illiterate slum dwellers with at least four children each.

SEWA's first activity was to conduct surveys on women's working conditions. This acted as an information-gathering tool and a device for establishing contact and raising awareness, as well as a starting point for discussions with women about their needs and problems. The discussions took place at traditional cultural gatherings where the results of the surveys were shared and solutions worked on together. In this way, the association developed through mutual consultation, mutual learning and exchange.

The surveys indicated to the association that only an integrated set of services would help women to become self-sustaining. This realisation led SEWA to develop a series of activities and support services in response to the expressed problems, needs and interests of its members.

One of the women's greatest problems was raising capital to improve their businesses and many were heavily in debt. The main banks were failing to reach poor and illiterate members of society, and although SEWA tried to act as an intermediary, they found it impossible to solve the multiple practical problems involved. It was decided, therefore, that members should set up their own bank and eventually, despite scepticism and opposition from the main banking system, the Mahila (Women's) Co-operative Bank was established in 1974, with SEWA members donating a small sum towards the share capital. One of the first problems encountered was the need for members of the bank's executive committee to sign the registration papers. To deal with this, the 11 members sat up all night on a crash literacy course to learn how to write their names accurately. The bank is a multi-service institution specially designed for SEWA members. It has demonstrated that banking services and credit facilities can be modified to suit the needs of this client group and experience shows that repayment levels are high.

SEWA subsequently developed a whole range of support ser-

vices for women: a maternity protection scheme to improve health and compensate for lost earnings; daycare creche services; a widowhood and death assistance scheme; a rural scheme to assist agricultural labourers. SEWA also helps members to buy raw materials direct from source, and has expanded market outlets by opening shops, holding exhibitions of members' goods and handicrafts, and providing a link between self-employed women and institutions which can commission their goods and services.

Each SEWA member now has the services of three organisations: the SEWA Union, the SEWA bank and the SEWA Mahila Trust which extends facilities for legal aid, social security, productivity, training and education.

The association operates a grassroots approach to mobilise women and make them aware of the advantages of solidarity. This involves identifying active and respected local women to act as a link between organisers and the target groups. These women convey local women's needs and problems to the Union, ensure that resources and services reach members and provide feedback on activities. Early on, members demanded training to upgrade existing skills and acquire new ones. By 1981, SEWA was sponsoring training programmes in bamboo work, block-printing and sewing, as well as in traditionally male-dominated occupations such as plumbing, carpentry and radio repair.

To encourage the establishment of similar schemes, the association has organised training programmes for women from other parts of the country.

Through their involvement in SEWA, self-employed women can now organise themselves, bargain for higher wages, form their own economic units and control their own income. A large number have been able to buy equipment – hand-carts, sewing machines, looms, carpentry tools. Many have upgraded their skills and developed their businesses. Some have moved from being itinerant vendors to running their own shops. The development of co-operatives has given women the opportunity to be shareholders, managers, directors and workers.

An additional spin-off has been a general improvement in women's status. By improving women's economic position, increasing their confidence and awareness and giving them access

to training, participation in SEWA has brought about better gender relations at home, a greater input to family decision-making and a decrease in practices such as wife-beating.

The association has also contributed to official changes of attitude towards the poor and self-employed. Both nationally and internationally, initiatives such as the women's co-operative bank have been used as models.

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5. CONCLUDING OBSERVATIONS

Concluding Observations

The projects in this volume illustrate the vital role non-formal education plays in development, whatever the principal focus of a project, and the variety of ways in which development through education can take place. Although taken from 'the developing world', many of the case studies also have some relevance for adult education in industrialised countries.

A number of the projects described have common features, and their effectiveness in promoting development has often been due to certain key characteristics:

- communities have been encouraged to identify their own problems and priorities, which have then been translated into learning programmes. They see education as relevant and useful to their current situation and this perception encourages and sustains motivation
- participants have played a leading role in the planning and implementation of projects
- participants' knowledge and experience have been used in education programmes and teaching materials
- projects have been firmly based on local culture and traditions.

The studies as a whole highlight a number of factors that need to be taken into account by international agencies.

Inter-Sector Working

All of the projects described in the case studies work across sectors, with education integral to and wholly inseparable from development activity. Those projects which are specifically educational – for example literacy programmes – impinge on primary areas of life such as health, nutrition and economic development. Projects with an overt development focus – for example economic regeneration or reforestation – have education at the core and also impinge on a number of other areas of life. This suggests that project ideas and proposals put to aid and development agencies need to be considered from an inter-sectoral point of view, and not relegated

to single categories of interest. The British government has recognised this interconnectedness: in a speech to the 1990 annual Action Aid Symposium on Women, Literacy and Development, Lynda Chalker, Minister for Overseas Development, referred to the necessity of including literacy in aided development activities for women: 'I am going to ensure that women's literacy and other issues of Women in Development are mandatory criteria in assessing our programmes'. The importance for women to be able to read instructions on medicines and fertilizers is borne out in the case studies: *Poisson d'Avril* (page 58), for example, refers to a non-literate woman poisoning her family with DDT.

Inter-Agency Collaboration

The case studies demonstrate the key importance of collaboration and co-operation between agencies. Many of the projects described involve NGOs working with statutory authorities to achieve development goals. The policy of the NGO Astha in India, for example, is to work within government structures, while the Senegalese project on irrigation is a bilateral government programme. Assocene, the smallholders' association in Brazil, has been collaborating with the regional development plan. The Green Belt Movement works alongside and has the support of the Kenyan government.

The argument for collaborative inter-sectoral working is reinforced by the scale of education and development tasks: it has been estimated, for instance, that to eliminate illiteracy in Bangladesh, £40m per annum would be needed for six years.

Flexibility

Development programmes often change over time as different priorities emerge. Some which started with one focus have rapidly expanded their field of operations. GK in Bangladesh, which started with health education and rapidly expanded to embrace broader community development activities, is a good example of

the way in which projects generate ideas and activities beyond their initial brief. Support agencies therefore need to be flexible rather than narrow or prescriptive in their expectations and specifications.

Acknowledging Existing Knowledge, Experience And Skills

Participation, sharing knowledge and exchanging skills are tenets of good adult education practice. Many of the projects which are illustrated here – for example the birthing case study in Nicaragua and the work of AMETRA in Peru on medicinal plants – have respected the culture and traditions of the communities involved and drawn on the wealth of existing knowledge and skills rather than imposing knowledge and beliefs acquired in a different culture. In many of the projects, local people have been used as group leaders and animators and the vernacular has been used both in learning and teaching materials and for communicating and disseminating information. It is significant that in cases where outsiders have been imposed on a community (as in one of the villages in the Tototo Kilemba project), programmes have not fully achieved their goals. Similarly, an imposed language can limit results. For communities using a different language from the official state language, the effect can be a double disenfranchisement. In the Thai Hill Tribe project described on pages 71–73, people's resistance to using the national Thai language allegedly weakened the project's effectiveness.

Taking a Long-Term View

Most of the case studies concern initiatives that started in the seventies and eighties. The time-lag has allowed achievements to be identified. Successful project work often has a long gestation period: the most important outcomes are long- rather than short-term, as it takes time for the results of educational activity to emerge. Thus it is important for aid agencies to allow sufficient

time for development through education to take place. Several of the NGOs involved in the case studies, for example Astha in India, allow projects a long lead-in period to initiate the process.

> *The fact is that educational strategies directed to the attainment of development objectives can be successful. However, the implementation of plans takes time and the attainment of goals requires even longer.* (Fagerlind and Saha, 1989.)

Support For Educational Initiatives

The time needed for initiatives to generate long-term outcomes suggests that projects of the type reported here require structural support from national governments and international funding agencies, and that such support should be sustained to enable indigenous organisations to carry through their work.

Many of the case studies involve NGOs. These illustrate how effectively NGOs work at grassroots levels and how much they can achieve with small pump-priming input. The energy and commitment they are able to generate in local communities can be harnessed in national development efforts. A small amount of funding or support in kind to an energetic NGO dedicated to fostering self-reliance in a community can have an impact and benefits out of all proportion to the input.

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Responsibility for the contents is, of course, ours alone.

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Adult Education in Development:
Methods and Approaches from Changing Societies

Non-formal adult education has a central role in creating and sustaining integrated development strategies.

Through case studies on health, women's development, literacy and rural development, *Adult Education in Development* shows, among other projects, traditional health care, community theatre, a self-employed women's association, a Thai hill-tribe project, all involving communities playing a leading role in setting the agenda for change. The case studies range from large national projects with outside development agencies to local initiatives, and are drawn from work in India, Africa, Latin America and South-East Asia.

Adult Education in Development argues for collaborative inter-sectoral planning in development, and demonstrates that education is integral to development activity. It illustrates how crucial development goals to do with health, nutrition or economic progress can be achieved when people are encouraged to identify their own needs, concerns and priorities and translate them into learning objectives.

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